| Unlicensed Facility Personnel File Checklist | | | |
|---|-------------|---------------------------|-------------------------|
| Facility | 1 | | |
| Name | | | |
| Date of Hire | | | |
| Reviewer | - | | |
| Date of Review | | | |
| Current Position (Past Positions?) | + | | |
| Current Position (Past Positions:) | | | |
| General Documentation: | In file Y/N | Date, if applicable | |
| Resume (Effective: 04/15/17) | | | |
| Job Description (Effective: 04/15/17) | | | |
| Employment Application (to include asking about past work and volunteer experiences) (Effective: 04/15/17) | | | |
| Personal References (at least one) (Effective: 01/14/19) | | | |
| Professional References (Effective: 04/15/17) | | | |
| Educational records/diploma (Effective: 04/15/17) | | | |
| Professional licensure, if applicable (Effective: 04/15/17) | | | |
| Meet minimum educational and work experience requirements? | | | |
| Criteria for the employee's selction, hiring, suspension, or termination (Effective: 04/15/17) | | | |
| I-9 Employment Eligibility Documents (I-9 form and copies of required I.D documents.) (Effective: 04/15/17) | | | |
| Results of medical exam (as required by State licensing, including results of TB tests) (Effective: 04/15/17) | | | |
| Child Abuse Mandated Reporter Agreement (signed.) (Effective: 04/15/17) | | | |
| Confidentiality Policy Acknowledgement (Effective: 04/15/17) | | | |
| Annual Performance Review (annual, signed, with employee's written comments, must incl. questions about any prior misconduct since last background investigation) (Effective: 02/22/15) | | | |
| Code of Conduct (signed by applicant (staff hired since Feb. 2019), acknowledging receipt). (Effective: 01/14/19, as applicable per care provider's Cooperative Agreements). (Care provider facilities must also share a copy of the code of conduct in Section 4.3.5 with each applicant. Care provider facilities must keep a copy of these documents in the applicant's personnel file.) | | | |
| Prevent and Report Sexual Abuse and Harassment (signed by applicant (<u>staff hired since Feb. 2019</u>), acknowledging receipt) (<u>Effective</u> : 01/14/19) | | | |
| Fraud Scheme Acknowledgement (signed; Fraud Scheme training document signed by employee is acceptable) | | | |
| Background Investigation Documentation: | In file Y/N | Initial Clearance Date | Notes |
| FBI fingerprint check of national and state criminal history repositories (Documentation of the review and conclusion. Completed prior to employment start date) | | | |
| CPS check (child abuse and neglect record check) with the staff's State(s) of U.S. residence for the last 5 years (Documentation of the review and conclusion. Completed prior to employment start date) | | | |
| Background Investigation updates at a minimum of every 5 years of the staff/contractor/volunteer's start date or last background investigation update. (Documentation of the review and conclusion) | | | |
| Driver's Record and Clearance (if transporting children and youth.) (Effective: 04/15/17) | | | |
| Efforts to ask applicants about previous misconduct and employee's response (Effective: 02/22/15) | | | |
| Efforts to contact past employers where applicant had access to children and youth, including asking about any substantiated allegations of sexual abuse and sexual harassment (Effective: 02/22/15) | | | |
| Pre-Service Trainings (Before the employee has access to UAC) | In file Y/N | Date | Notes (i.e. #hours obta |
| ORR Standards to Prevent, Detect, and Respond to SA and SH involving UAC. New employees must complete training before hire. (per training list under 4.3.6) (Effective: 02/22/15) | | | |
| How to detect and assess signs of SA and SH (Medical and MH staff ONLY) | | | |
| How to preserve physical evidence of SA (Medical and MH staff ONLY) | | | |
| How to respond effectively and professionally to juvenile victims of SA and SH (Medical and MH staff ONLY) | | | |
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| In file? Y/N | Current Date | Notes (i.e. #hours obtained, topic title if different from ORR, etc.) |
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| In file? Y/N | Current Date | Notes (i.e. hours obtained, topic title if different from ORR, etc.) |
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| | In file? Y/N | In file? Y/N Current Date |

| Trainings include date, number of hours, and topic area, a confirmation that the employee understood each training; and the name of the individual and/or entity providing the training (spot check; Effective: 04/15/17) | | |
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| COMMENTS | | |